

Par. 1. **Material Transmitted and Purpose** – Transmitted with the Manual Letter are changes to Service Chapter 650-25, State and Community Programs Funded Under the Older Americans Act Policies and Procedures Manual. The old language is struck through, and the new language is underlined.

Service Categories 650-25-30-01-15

(Adds a definition for the term "temporary relief" for respite care services.)

1. Information to caregivers about available services.
 - a. Information is defined as group services, including public education, provision of information at health fairs, expos and other similar events.
 - b. Outreach is defined as interventions for the purpose of identifying potential caregivers and encouraging their use of existing services and benefits.

2. Assistance to caregivers in gaining access to services.

"Assistance" is defined as one-on-one contact to provide:

- a. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.
- b. Case Management - Assistance either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing Caregiver Option Plans, authorizing services,

- arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.
3. Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles.
 - a. Counseling/Support Groups/Training - Provision of assistance to caregivers in the areas of health, nutrition, and financial literacy; and in making decisions and solving problems in relation to their caregiving roles.
 4. Respite care.
 - a. Temporary relief from the stresses and demands associated with daily 24-hour care or for emergencies for a grandparent/relative caregiver or for a primary caregiver who is caring for an older adult with at least two activities of daily living (ADL) impairments or a cognitive impairment. "Temporary relief" means an average of 15 hours or less of respite care services per month unless otherwise authorized by the Caregiver Coordinator. It can be in the form of in-home respite, adult/child day care respite, licensed adult and child family foster care home, or institutional respite on an occasional or emergency basis.
 - b. The ADL impairment requirement for respite services eligibility does not apply to children ages 18 and under.
 5. Supplemental Services are provided on a limited basis to complement the care provided by caregivers. Funding for services is outlined in the FFY allocation. Supplemental services provides for:
 - a. Reimbursement for incontinent supplies.
 - b. Reimbursement for assistive devices not ~~covered~~ **able to be obtained** under the Aging Services Assistive Devices contract.

Delivery Characteristics 650-25-30-01-20

(**Adds** the new name of Harmony for Aging for computerized record keeping system for Social Assistance Management System.)

Caregiver support services must be available statewide.

1. All referrals must be contacted within two working days.
2. The Caregiver Assessment Tool must be completed in the Harmony for Aging (HFA) formerly known as Social Assistance Management System (SAMS) data collection system to document need. The tool is available through the web-based ~~SAMS~~ HFA data collection system.
3. Individuals seeking services must be provided with service options. The individual has the right to make an independent choice of service providers.
4. All contacts, including telephone calls, must be documented in the narrative section of the ~~SAMS~~ HFA data collection system. The documentation shall include a brief descriptive statement of the interaction, including any service needs identified, alternatives explored, and service delivery options offered.
5. Each client and provider case record must be maintained in an individualized file and secured in a locked file cabinet, a locked area, or a restricted computer program.
6. Coordinate service activities with existing community agencies and voluntary organizations to maximize service provision and avoid duplication.
7. All services must be promoted through a variety of social service networks i.e., churches, service organizations, schools, professional conferences, etc.
8. A signed release of information document for every service provider must be on file before information can be shared or released.
9. A Notice of Privacy Practices (DN 900) will be given to every caregiver and a signed Acknowledgement of Receipt of the Notice of Private Practices (SFN 936) will be kept in the record.

Service Activities 650-25-30-10

(**Adds** clarification to service activities and removes the dollar amount of the respite care service cap for the enrollment period.)

1. Outreach/Client Identification.

- Booths at health fairs
- Mailing out NDFCSP brochures
- Posting NDFCSP flyers
- Public service announcements advertising the NDFCSP and services
- Church bulletin inserts
- Media events which advertise the NDFCSP and services
- School newsletters/company employee newsletters advertising the NDFCSP and services
- Conduct outreach activities that will seek out and identify eligible caregivers in the community. Outreach activities must be coordinated with existing Older Americans Act outreach service contract entities.

2. Public Education.

- Participate in coalitions and/or planning committees which focus on aging/caregiving services needs, issues, events
- Public presentations regarding caregiving and grandparent issues
- Newsletters/newspaper articles which provide information on grandparent or caregiving issues
- Public caregiver trainings that focus on caregiving or grandparent issues; i.e. Dementia Training.

3. Information & Assistance.

- Provide information and assistance services to caregivers using the resources available through the North Dakota Aging and Disability Resource-LINK online database at www.carechoice.nd.gov.
- Phone calls requesting program information for new or prospective clients
- Send information to an individual caregiver or relative caregiver regarding services available in their community
- Assistance individuals to become enrolled as Qualified Service Providers (QSP)

4. Caregiver Assessments.

- Make home visits or arrange for visits in a location convenient for the caregiver; complete individual caregiver assessments on all eligible caregivers using the SAMS [HFA](#) Caregiver Assessment Tool which can be accessed through the web-based SAMS [HFA](#) data collection system. Caregiver assessments will identify needs of the individual caregiver including needs unique to individuals providing care while they are employed outside the home; to grandchildren not more than 18 years of age or are an individual with a disability; to individuals with Alzheimer's/dementia; to individuals with cognitive impairments; to individuals with developmental disabilities; to individuals with mental illness; to individuals with physical disabilities; to individuals with substance abuse problems; and to individuals at the end of life.
- Caregiver assessments must be updated on an annual basis.

5. Caregiver Option Plan Design & Implementation.

- Using the results of the Caregiver Assessment Tool, design & implement individualized Caregiver Option Plans ([SFN 165](#)) that address the needs unique to the individual providing care. The Caregiver Option Plan (SFN 165) must identify services to be received, the entity providing the service, and expected outcomes.

- Caregiver Coordinators will allocate initial respite service funding for each caregiver based on a three month prorated amount of the current service cap. The Caregiver Option Plan will be reviewed by the Caregiver Coordinator quarterly (at a minimum) to evaluate respite care usage and need for additional respite funding. Allocations for respite services will be based on each caregiver's individual needs. The Caregiver Coordinator has the discretion to allocate initial respite funding which exceeds the prorated amount based on caregiver need. The Caregiver Coordinator also has the discretion to add to the respite funding allocation more frequently than quarterly based on caregiver need. The Caregiver Option Plan will not exceed the respite service cap established for the service period.
- A copy of the Caregiver Option Plan must be mailed to the caregiver after each review date.
- The effective date on the Caregiver Option Plan ([SFN 165](#)) will not exceed the 12 month enrollment period (July 1 to June 30).
- The Caregiver Coordinator may terminate the Caregiver Option Plan ([SFN 165](#)) if the caregiver has not accessed services within a review period (at a minimum of quarterly). The termination will be issued in writing with the use of the NDFCSP Notice of Service Denial, Closure or Termination ([SFN 331](#)).
- Caregiver Coordinators must monitor the Caregiver Option Plan ([SFN 165](#)) to assure caregiver goals and outcomes have been met. Caregiver Option Plans (SFN 165) must be updated when the effective date expires. Caregiver Option Plan (SFN 165) updates may be completed on-site by meeting with or ~~by~~ making phone contact with caregivers and acquiring signatures via the mail. Caregivers must receive a minimum of four contacts per year with the Caregiver Coordinator which includes a face-to-face visit every 6 months.
- If the coordinator receives a report of a significant event involving an enrolled caregiver, a home visit will be required. Examples of a significant event may include: an adult

protective services referral, concern regarding caregiver's ability to continue to provide care, complaint regarding respite provider. When there is a question regarding a significant event, the coordinator will review with the program administrator.

6. Individual Caregiver Counseling.

- Identify and arrange for payment for qualified professionals to complete up to 4 sessions during a 12 month enrollment period of individual or family counseling of eligible caregivers. If it can be demonstrated that the caregiver has an extraordinary need for additional counseling beyond the 4 sessions, a written request must be submitted to the Program Administrator. A one-time extension of the minimum 4 sessions will be considered on a case-by-case basis. Caregivers who require on-going counseling will be referred as needed. A qualified professional includes a psychologist, licensed social worker, and counselors as defined by North Dakota Century Code. Caregiver Coordinators will locate resources/individuals in the community that provide counseling that may include but are not limited to in the following areas:
 - Caregiver Stress and Coping
 - End of Life Issues / Grief Counseling
 - Family Relations / Dynamics
 - Substance Abuse
 - Decision Making and Problem Solving
- Rates for qualified professionals to provide caregiver-counseling services shall not exceed the current Human Service Center statewide rate for individual or family therapy.

7. Community & Program Development.

- Facilitate development/maintenance of caregiver support groups.
- Create/maintain working partnerships with other agencies and organizations that provide services to support caregivers.

Reimbursement may be provided for start up costs for support groups that have a caregiver component for a period of up to 6 months. The goal is to encourage each group to become self- sustaining. Educational materials may be provided as needed.

- Be a resource for caregiving issues in the community.
- Provide leadership relative to caregiver issues on behalf of eligible caregivers.

8. Individualized Caregiver Training.

- Identify and arrange payment for qualified professionals to complete individualized caregiver training that meets the needs of the eligible caregiver. Caregiver Coordinators will locate qualified professionals that may include but not be limited to nurses, occupational therapists, physical therapists, and dietitians. Whenever possible the training should be held in the home where care is being provided.
- Individualized caregiver training rates for qualified professionals / agencies shall not exceed the maximum Medicaid rate for that service (as established by DHS Medical Services Division). Rates for training needs that are not a covered service under Medicaid shall be negotiated by the Caregiver Coordinator with program approval from Aging Services Division.
- Training may include but not be limited to the following areas:
 - Generally accepted practices of personal care task and personal care endorsements
 - Assistive technology
 - Planning for long term care needs
 - Health and nutrition counseling
 - Behavior management
 - Financial literacy

- Identify and refer eligible caregivers to the Older Americans Act legal services contract entity to explore the need for a health care directive for the older individual for whom care is provided. The NDFCSP care recipient completing the health care directive must be 60 and older. The caregiver and care recipient must agree to complete education about the rights and responsibilities of completing a health care directive and acting as an agent.
- Individualized caregiver training rates for qualified professionals to complete a health care directive and educate the caregiver and the care recipient may not exceed \$250.
- For the provision of the department approved caregiver dementia trainings, the caregiver coordinator will schedule training sessions with the department approved provider. The trainings will be limited to caregivers enrolled in the FCSP and at least one of their providers. A copy of the list of caregivers and respite providers attending department approved dementia trainings must be sent to the Program Administrator.

9. Respite Care.

- Identify and arrange for payment of a qualified respite care provider for the temporary relief of the primary caregiver. A qualified respite care provider may include an individual, registered nurse, licensed practical nurse, certified nurse assistant who is enrolled as a respite care qualified service provider (QSP) with the Department of Human Services, ~~or~~ an adult or child day care facility, a licensed adult or child foster care home, long term care facility, or a qualified family member who is related to the individual receiving care. Biological, adoptive parents and stepparents are not eligible to receive NDFCSP respite care payments when caring for their own biological, adopted or stepchildren. Qualified respite providers who choose to provide enhanced Alzheimer's and related dementia respite must also have completed the caregiver dementia training approved by the Department of Human Services.
- Caregiver Coordinators will be responsible to insure individual and agency QSPs enrolled with the Department of Human

Services receive payment from the NDFCSP for respite services at a same rate as the current 15 minute unit rate established by the Medical Services Division. If verification is needed for a particular QSP provider's established 15 minute unit rate, Caregiver Coordinators should consult with the Program Administrator.

- Respite care that will be provided in the home of a qualified service provider (QSP) cannot be authorized until the Caregiver Coordinator has made a visit to the home and completed a Respite Home Evaluation ([SFN 549](#)) with the QSP. The SFN 549 is not required when respite services are being provided in the home of a qualified family member or in a licensed adult or child family foster care home. ~~QSP's that are providing services to a relative and meet the definition of a qualified family member and licensed Adult Family Foster Care providers are not required to complete a home evaluation.~~
- Respite Home Evaluations ([SFN 549](#)) are valid for no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a qualified service provider (QSP), whichever comes first. The QSP expiration date can be obtained from Aging Services Division. A copy of the evaluation form must be provided to the QSP and the original should be maintained in the provider's file.
- Individual [i.e. qualified family members and qualified service provider (QSP)] rates for respite care services shall not exceed the current initial Medicaid QSP maximum rate. Providers who have an individual QSP rate different from the state Medicaid QSP rate shall be paid at their established individual rate, not the maximum Medicaid QSP rate. A qualified family member is: the spouse or one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)
- Agency unit respite rates shall not exceed the current maximum rate for the service under Medicaid. Agency providers who have an agency QSP rate different from the

state Medicaid QSP rate shall be paid at their established agency rate, not the maximum Medicaid QSP rate.

- Payment for overnight/24-hour, in-home respite provided by an enrolled QSP, qualified family member or agency shall not exceed the current Medicaid hospital swing bed rate. Payment for one day of respite care cannot exceed the current Medicaid hospital swing bed rate whether or not the person received overnight care.
- Overnight / 24 hour respite care provided in a hospital swing bed or long-term care facility shall not exceed the current Medicaid swing bed rate.
- Overnight respite care services for eligible grandchildren may be provided in a licensed child foster care home. Approval from the local county social service case manager working with the child foster care home must be obtained prior to making arrangements for respite services.
- A caregiver is eligible to receive funding for respite services if they are providing 24-hour care and the care recipient has two or more activities of daily living (ADL) limitations or a cognitive impairment which makes it unsafe for them to be left alone.
- A caregiver who does not live with the care recipient but is providing care and assistance to the care recipient on a daily basis, does not meet the eligibility requirements to receive routine respite care services from the program. Payment for respite care services could be considered should the caregiver have need of extended time away from the care recipient (based on care recipient's specific needs). Eligibility must be based on the coordinator's assessment insuring the care recipient meets all other program eligibility and services provided by the caregiver enables the care recipient to remain in the community.
- Authorization or use of respite services for time while the caregiver is at work is prohibited.
- Caregivers are not eligible to receive NDFCSP services if they or the care recipient are receiving state, federal, or county

funded services available through existing Home and Community Based Services (HCBS) programs. If the only HCBS service a caregiver is accessing is Homemaker Services, the coordinator will explore, with the caregiver, eligibility for additional HCBS programs prior to making a decision regarding NDFCSP eligibility. If the caregiver is eligible only for Homemaker Services and all other FCSP eligibility criteria have been met, the caregiver may be enrolled to access NDFCSP services.

- Primary caregivers who are being paid by private arrangement or by a public funded program to provide care are not eligible to receive NDFCSP respite services.
- Respite care for caregivers who qualify for NDFCSP respite care services and pay privately for respite service or who receive respite from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc, may receive additional respite through the NDFCSP if there is a documented need for additional services based on the caregiver assessment. The amount of additional respite care authorized should be carefully considered and should coincide with the program purpose of respite care that is occasional and intermittent.
- Caregivers who are caring for an individual with Alzheimer's Disease or a related dementia are eligible to receive enhanced respite funding. The caregiver and at least one of their respite care providers will be required to attend the caregiver dementia training approved by the Department of Human Services.
- Funding for respite service available to a primary caregiver cannot exceed the established service cap of ~~\$3131~~ of for respite care service in a twelve-month period (July 1 to June 30). ~~unless The Aging Services Division has approved the increased allocation~~ determines the service cap based on the percentage of Medicaid provider rate increases which are established during the ND legislative session. Updated service cap information will be issued as changes occur. ~~If the caregiver is caring for a person with Alzheimer's disease or a related dementia, and both the caregiver and at least one of~~

~~their respite providers have successfully completed the approved caregiver dementia training, then the service cap cannot exceed \$3731. The \$3131 or \$3731 respite cap must be prorated ($\$3131/12 = \260 or $\$3731/12 = \310) for the number of months the Caregiver Option Plan is in effect. A 3-month plan cannot exceed ($\$260 \times 3 = \780 or $\$310 \times 3 = \930). A prorated allocation may exceed the prorated cap if the caregiver's need has been established, is documented in the caregiver's record and does not exceed the twelve-month service cap.~~

- Allocations for respite care services must be prorated on a three month allocation or, if less than three months, the number of months the Caregiver Option Plan is in effect. Respite service funding on the Caregiver Option Plan will be allocated on a three month prorated basis. Coordinators will review the Caregiver Option Plan at a minimum of every three months to assess caregiver use of respite funding. The Coordinator will make adjustments to respite service allocations based on expended funding, which may include an increase or reduction of funding. Respite care service allocation may exceed the quarterly prorated cap if the caregiver's need has been established and documented in the caregiver record and does not exceed the twelve month service cap.
- Individuals providing care for a person with Alzheimer's disease or a related dementia are eligible to receive an enhancement of \$600 over the established service cap for the enrollment period if they and at least one of their respite providers have successfully completed the approved caregiver dementia training.
- Services available to a primary caregiver may exceed the service cap established for the enrollment period ~~of \$3131 per year (July 1 to June 30)~~ if it can be demonstrated that the caregiver has an extraordinary need that significantly increases the caregiver's responsibilities and not providing the additional respite may place the care recipient at imminent risk of institutional placement. A written request to exceed the ~~\$3131~~ established service cap must be sent to the Aging

Services Division NDFCSP Program Administrator for approval. Approval will be determined on a case-by-case basis and ~~may be~~ **is** limited to a one-time allocation. Individuals who receive Alzheimer's disease or related dementia enhanced respite service funding are not eligible to receive an additional respite allocation beyond the service cap of ~~\$3731~~ **established for the enrollment period.**

10. Supplemental Services.

- Identify and arrange for up to \$300 per household per twelve-month enrollment period (July 1 to June 30) in reimbursement for assistive devices ~~not covered by~~ **not available through** the Aging Services Assistive Devices contract and incontinent supplies. Consideration will be given to a one-time additional allocation of \$200 for supplemental services if it can be demonstrated the caregiver has an extraordinary need. Additional allocation requests must be submitted in writing to the Program Administrator and approvals shall be determined on a case-by-case basis.
- Assistive safety devices include adaptive and preventive health aids that will assist individuals and/or their caregivers in their activities of safe daily living. Nutritional supplements are not covered under Supplemental Services.
- Incontinent supplies include pads, diapers, and other protection products.
- Caregivers who receive services through other county, state or federal funded services are not eligible to receive NDFCSP Supplemental Services.

11. Disaster/Emergency Planning

- At the direction of the Aging Services Division, contact a caregiver to assist in planning to assure the caregiver and care recipient's safety in the event of a disaster/emergency.
- Document in the Narrative Section of the **SAMS HFA** FCSP Assessment for the stated purpose of the contact and a brief description of the caregiver's plan for safety.

Documentation Requirements 650-25-30-10-05

(**Changes** the name of web based data system from SAMS to HFA.)

INITIAL ASSESSMENT:

Coordinators are required to enter assessment data in the ~~SAMS~~ **HFA** web-based data system. Document the following in the Narrative section of the ~~SAMS~~ **HFA** NDFCSP Assessment form: the date and source of the referral; a brief descriptive statement of the interaction with the caregiver, including any identified service needs; alternatives explored; service delivery options offered; services accepted or refused by the caregiver; and the caregiver's choice of provider(s).

FOLLOW-UP CONTACTS:

Document in the web-based Narrative section of the NDFCSP Assessment form the all contacts with caregiver, family, agencies, respite providers, etc. in relation to the caregiver.

Documentation must state:

- The purpose of the contact.
- A brief descriptive statement of the interaction, as applicable:
 - Reports of any caregiver concerns from other parties involved with caregiver.
 - Observations and/or concerns regarding caregiver home conditions.
 - Condition of or changes in the caregiver or care recipient situation.
 - Reports of any concerns by other parties involved with caregiver.
- A brief descriptive statement of all activity and contacts with caregiver; including, but not limited to:
 - Outcome of any referrals for services provided to or made on behalf of the caregiver.
 - Impact of NDFCSP involvement for caregiver.

Service Activity Reporting Requirements 650-25-30-10-10

(Adds an additional reporting category for recording case management and travel units in Consumer Groups.)

For reporting purposes, coordinators will document service activity units in the web-based **SAMS HFA** data collection system, Service Delivery Section, on a monthly basis.

Service activity reporting will include:

1. Case Management Units - 1 Unit of Service=15 minutes (Effective October 1, 2011)
 - Amount of time spent in direct contact (includes face-to-face, phone calls, emails or mailings) with enrolled caregivers, families, significant others or referrals for services
2. Provider Service Delivery Units –
Service Delivery Units vary by type of service and provider:
 - Counseling Services – Unit of Service=1 session
 - Training Services – Unit of Service=1 hour of training
 - Respite Services – Unit of Service includes:
 - Family Member or Individual QSP – Unit of Service=1 Hour or 1 Overnight Stay
 - Home Health Agency – Unit of Service=1 Hour or 1 Overnight Stay
 - Institutional Respite (Nursing Home, Swing Bed), Adult or Child Foster Care Home – Unit of Service=1 Overnight Stay
 - Adult Day Care – Unit of Service= 1 Hour, 1/2 Day, or 1 Full Day
 - Child Day Care – Unit of Service=1 Hour, Full Day or 1 Overnight
 - Supplemental Services – Unit of Service=Billable Cost
3. Consumer Groups Service Delivery Units - 1 Unit of Service=1 contact
Includes number of individuals who received services or who attended events provided in the areas of:
 - Information and Assistance- individuals not enrolled in FCSP

- Public Education
 - Outreach/Client Identification
 - Support Groups
4. Consumer Groups Service Delivery Case Management and Travel Time – 1 Unit of Service = 15 minutes
- ~~Record the amount of time spent providing, arranging and/or attending NDFCSP public education, outreach, information and assistance and support groups~~
 - Case Management Units, which also includes Travel Time, for Consumer Group Activities
 - To include the amount of coordinator's time spent collectively with all Consumer Group activities
 - To include other coordinator activities not associated with a specific caregiver, i.e. program provider sign up and renewal paperwork
4. Disaster/Emergency Contact – 1 Unit of Service=1 contact
- Includes the number of contacts made to a caregiver to review disaster/emergency preparedness and needs as directed by the Division Office.

Prohibited Activities 650-25-30-20

(Removes requirement number 7 regarding the provision of services to individuals who are applying for a public pay program.)

1. Duplication of services.
2. Breach of confidentiality.
3. Provision of caregiver services to a caregiver who is caring for an older individual who resides in an institutional setting.
4. Use of Older Americans Act funds to provide caregiver services to a caregiver, who does not meet the definition of a grandparent, who is providing support to an individual between the ages of 19 and 59 regardless of disability or cognitive status.

5. Provision of NDFCSP respite or supplemental services to individual caregivers who are receiving services as part of a public program or being paid by private arrangement to provide care.
6. Provision of NDFCSP services to a caregiver who resides with the care recipient in an assisted living facility setting.
- ~~7. Provision of NDFCSP services to a caregiver while they or the care recipient are in the process of applying for a public pay program or services.~~
8. 7. Provision of NDFCSP services to a caregiver and/or recipient who has been determined eligible to receive services as part of a public pay program but chooses not to access those services.
9. 8. Provision of NDFCSP services to a caregiver or care recipient who has private long term care insurance coverage of home care services if the insurance provides coverage for respite services.
- ~~10. 9. The~~ 9. Provision of respite care services when the care needs of the care recipient exceed the standards for service delivery and allowable tasks/activities for respite (QSP) providers as contained in the "Individual Qualified Service Provider Handbook". The caregiver may be enrolled to access counseling or training services.

Administrative Requirements 650-25-30-35

Administration 650-25-30-35-01

(**Changes** web based data record keeping system from SAMS to HFA.)

1. Clients must be provided the opportunity to contribute to the cost of the service. Acceptable format for receipt of contributions is limited to the use of self-addressed envelopes.
2. Caregiver Coordinators must submit the NDFCSP time study log to Aging Services Division no later than 25 days after the end of the monthly service period.

3. ~~SAMS~~ **HFA** client data records, assessments, and service delivery for both individual clients and consumer groups must be completed no later than 25 days after the end of the monthly service period.
4. Caregiver Coordinators must maintain a spreadsheet that contains the name of each participant, the amount of the service allocation, and the monthly expenditures during each service period. Caregiver Coordinators shall submit a copy of the NDFCSP expense spreadsheets to the Program Administrator no later than ~~15~~ **25** days after the end of the monthly service period.
5. Payment for services provided by eligible providers must be completed in accordance with Human Service Center procedures and processed no later than 15 days after the end of the monthly service period. Final payments shall be processed no later than 30 days after the end of the annual service period.
6. Provider service logs received for services provided later than 30 days after the end of the annual service period must be discussed with the Aging Services Division NDFCSP Administrator prior to payment.
7. Individual respite care providers are required to have caregivers co-sign on every entry of respite services on the North Dakota Family Caregiver Support Program Provider Service Log - Individual (SFN 135) to verify services have been provided. Coordinators have the responsibility to insure every Provider Service Log entry has been signed by the caregiver. If the Provider Service Log is lacking a signature, coordinators will return the service log to the provider to obtain the caregiver signature prior to approval for payment.
8. Enrolled caregivers accessing Supplemental Services will be required to purchase the assistive safety device or incontinent supplies. The caregiver must submit a receipt of purchase of safety devices or incontinence supplies and use the NDFCSP Provider Service Log-Individual (SFN 135) to access reimbursement through Supplemental Services.
9. Agency providers of respite, training or counseling services will use North Dakota Family Caregiver Support Program Provider Service Log – Agency (SFN 492) for billing for respite, training and

counseling services. Agency providers are not required to obtain caregiver co-signatures on SFN 492.

Effective Date: July 1, 2012